

Future Service Area(s) Municipality Name	Present	1980	1990	2020
Upper Darby, Springfield	}	_____	_____	_____
Lower Merion, Whittemarsh				
Upper Dublin, Gwynedd, Eastern	}	_____	_____	1,610,000
Delaware Co., Perkiomen, French				
Creek, Brandywine Creek &	}	_____	_____	1,420,000

E. ☒ Yes Margus Hook

Will the exiting (or proposed) service area of this sewage treatment plant be extended in the future?

☐ No

If yes, locate these future areas on a topo map.

SEE FIGURE 1 - Southwest Plant, Report on Design Studies, October 1972

F. ☐ Yes

Does the proposed project include capacity for these potential service areas?

☐ No

Capacity is Included for a Portion of These Potential Areas

☐ NA

##### 5. Supplemental Facilities (locate on map)

☐ Yes

Will the proposed project be connected to any facilities, essential to, but not included in the proposed project?

☒ No

(If yes, complete A-F. Do not complete for upgrading and/or expansion of an existing sewage treatment plant previously described in 4C.)

A. Facilities owner name and address \_\_\_\_\_

B. Type facilities - ☐ Collection

☐ Conveyance  
☐ Combined  
☐ Separate

☐ Treatment

C. Status of facilities ☐ Proposed ☐ Existing  
Give permit number (s) \_\_\_\_\_

D. Give status of report on combined sewer study. Also indicate if any investigations were made to determine the condition and state of repair of the existing sewer system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Capacities - Complete all applicable information concerning the supplemental facilities

Conveyance  
Peak flow  
rate (MGD)

Treatment  
Average daily  
flow (MGD)

Average  
BOD (raw)  
mg/l.

Present load from existing  
service area \_\_\_\_\_

Present load due to infiltration  
in existing system

Additional load from existing  
service area in next  
5 years

Additional load from proposed  
project in next 5  
years

Additional load from other  
projects in next  
5 years

Total load in 5 years

Permitted or proposed capacity

- F. ☐ Yes Are the supplemental facilities proposed? (If yes, attach a schedule, signed by an authorized representative of the supplemental facilities owner, including the actions and dates the actions will be completed to provide the facilities.)
- ☐ No
- G. ☐ Yes If the supplemental facilities are existing, are they adequate for the initial and 5-year hydraulic and organic loads to be generated by the total service area? If no, attach a schedule, signed by an authorized representative of the owner, indicating the actions and dates the action will be completed to provide the necessary capacity.
- ☐ No
- ☐ NA

6. Previously permitted facilities

- ☐ Yes ☐ Duplicate Will the proposed project duplicate or replace already permitted facilities owned by the project sponsor or others? If yes, describe the facilities to be duplicated or replaced, giving permit number(s) and owner's name and address. Locate facilities on map and give reasons for duplication and/or replacement.
- ☒ No ☐ Replace

7. Industrial wastes (To be consistent with Item 4C(3)).

- A. If the proposed project involves industrial wastes, describe the pre-treatment to be provided, or other method for the protection of treatment facilities. City Ordinances & Regulations Govern Permissible Discharges to the Sewer System. Pretreatment Devices such as Oil Interceptors & Neutralization Equipment are Required Where Necessary. Industrial Surveillance is Maintained, and a Surcharge on Strong Wastes is in Effect.

B. If industrial wastes are to be eliminated from the system, describe the treatment to be provided. \_\_\_\_\_

C. Has project sponsor enacted ordinances relative to the control of industrial wastes if any are involved.

☒ Yes If "yes" submit copy of applicable ordinances.  
☐ No If "no" indicate steps being taken to enact such ordinances and by what date. Submit copy of new ordinances when application for permit is submitted.

8. Proposed project financing

Item	Estimated Project Cost	State a/o Source	Fed Grants Amount(s)	Locally Funded Cost
Collection				
Conveyance				
Treatment	84,825,000	4,241,250	46,653,750	33,930,000

9. Proposed project references

A. ☐ Yes Has the municipality in which this project is located submitted an "official plan for sewerage" pursuant to Act 537, the Pennsylvania Sewage Facilities Act?  
☒ No

B. ☐ Yes Is the proposed project included in the Official Plan?  
☒ No

C. ☒ Yes Did the municipality have the county prepare a County Master Plan?  
☐ No

☒ Yes Has the municipality by resolution accepted the County Plan?  
☐ No

D. ☒ Yes Is the proposed project included in a County Plan?

☐ No

E. List relevant waste management plans and/or other studies and reports considered in developing this project and that are available for reference.

Title	Sponsor	Date
<input checked="" type="checkbox"/> Regional sewer plan	DVRPC - DRBC	1972
<input checked="" type="checkbox"/> County sewer plan	Phila. Planning Commission	6/30/71
<input type="checkbox"/> Act 537 official plan		
<input type="checkbox"/> (other) _____		

F. ☐ Yes Were any alternatives to the proposed project considered? If yes, describe the alternatives on a separate sheet and why they were rejected.

☒ No

10. Proposed project sponsor

- ☐ Yes If the project sponsor is a private individual or corporation, was municipal sponsorship of the project sought?
- ☐ No If yes, submit documentation of this contact and the result of such contact.
- ☒ NA If no, indicate when such contact will be made. Documentation and the results of such contacts are required to complete the project review.

I certify that the information presented herein is true and correct.

*EL F. Ballotti*

Signature of Consultant

10-30-72

Date

